

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

**FORM-GBG**

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Dept of Public Health- Bureau of EMS

Name of Department or Office

Mailing Address

321 E 12th Street

City, State, Zip Code

Des Moines, IA 50319

Area Code & Telephone No.

515-242-6075

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Smith

Name

Mailing Address (if different from above)

tsmith@idph.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

DPS/ Governor's Traffic Safety Bureau

Name

215 East 7th Street, 3rd Floor, Des Moines, IA 50319-0248

Mailing Address

City, State, Zip Code

(515) 725-6121

Area Code & Telephone Number

Email Address (optional)

Data Improvement Grant, PAP 09-408, Task 01

10/01/2008 to 09/30/2009

\$40,000.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof: : Contract activities: Coordinate collection of EMS run data submissions; Work with non-compliant local EMS service providers to ensure compliance with EMS run data submissions; Utilizing ambulance transport data and Iowa EMS Patient Registry establish baseline data for total EMS runs.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Terry Smith affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

9/25/2008